

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10812696**

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1	1				
2		1				
3		1				
4		1				
5		1				
6		3				
7	1					
8		1				
9		2				
10		3				
11		1				
12	1	1				
13		1				
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50						
TOTAL IND.	3					
TOTAL DEP.	15					
TOTAL CLAIMS	18					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						